

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

SIDNEY SOUFFRANT,

Plaintiff,

-against-

GRAMBRO REALTY CORP., et ano.,

Defendants.

USDC SDNY
DOCUMENT
ELECTRONICALLY FILED
DOC #:
DATE FILED: 12/17/19

19-CV-5482 (AJN)

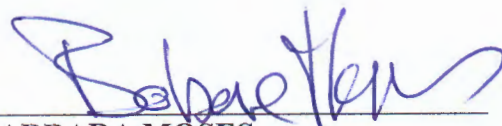
**ORDER RESCHEDULING
SETTLEMENT CONFERENCE**

BARBARA MOSES, United States Magistrate Judge.

On consent of the parties, the settlement conference currently scheduled for **December 19, 2019, at 2:15 p.m.** is ADJOURNED to **January 27, 2020, at 2:15 p.m.** No later than **January 22, 2019**, each party shall submit to chambers by email, addressed to Moses_NYSDChambers@nysd.uscourts.gov, (1) an updated letter informing the Court of the status of the parties' settlement negotiations, as well as any other information likely to be helpful to the settlement process, and (2) an updated Acknowledgment Form identifying the individuals who will attend the settlement conference. The Acknowledgement Form shall also be served on all other parties.

Dated: New York, New York
December 17, 2019

SO ORDERED.



BARBARA MOSES
United States Magistrate Judge

ACKNOWLEDGMENT FORM-SETTLEMENT CONFERENCE

Counsel of record for each party must complete and sign this form and email it to the Court at Moses_NYSDChambers@nysd.uscourts.gov, with copies sent simultaneously to all other parties, no later than **January 22, 2020**.

Name of Case: _____

Docket No.: _____ Date of Sett. Conference: _____

Name of Party Submitting this Form: _____ ☐ Pltff. ☐ Def.

1. Acknowledgment by Counsel. I am lead trial counsel for the party listed above. I acknowledge my obligation to attend the settlement conference in this action in person, accompanied by my client (if the client is a natural person), or by a client representative (if the client is a non-natural person) who is a decision-maker with knowledge of the case and responsibility for determining the amount of any ultimate settlement. I further acknowledge that if insurance carrier approval, consent, or funding is required for my client to settle this action, a representative of each relevant carrier, who is a decision-maker with knowledge of the case and responsibility for determining the amount of any ultimate settlement (or the carrier's portion thereof) must attend the conference.

2. Client Attendance. * Check one box:

- ☐ My client is a natural person. My client will attend the settlement conference in person.
- ☐ My client is a corporation, union, agency or other non-natural person. The following individual will attend the settlement conference in person as a representative of my client:

Name: _____

Title: _____

3. Carrier Attendance. * Check one box:

- ☐ No insurance carrier approval is required for my client to settle this case.
- ☐ The following individual will attend the settlement conference in person as a representative of the following insurance carrier:

Name: _____

Title/Name of Carrier: _____

Date

Signature of Lead Trial Counsel

Print Name of Lead Trial Counsel

* If you represent more than one party or require approval from more than one carrier you must submit attendance information for all clients and carriers.